Florida Department of State

DIVISION OF CORPORATIONS



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Detail by Entity Name

Florida Profit Corporation OLIVA DELIVERY CORP.

Filing Information

 Document Number
 P10000023514

 FEI/EIN Number
 27-2129362

 Date Filed
 03/16/2010

 Effective Date
 03/16/2010

State FL
Status ACTIVE

Principal Address

4166 NW 132ND STREET OPA LOCKA, FL 33054

Changed: 02/03/2011

Mailing Address

4166 NW 132ND STREET OPA LOCKA, FL 33054

Changed: 02/03/2011

Registered Agent Name & Address

LAXMY'S CARRIER SERVICES 9090 NW SOUTH RIVER DR

STE # 2

MEDLEY, FL 33166

Officer/Director Detail

Name & Address



(b) (6), (b) (7)(C)

11830 SW 206TH STREET MIAMI, FL 33177

Annual Reports

Report Year Filed Date
2015 02/20/2015

2016 02/02/20 2017 02/27/20				
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Florida Department of State, Division of Corporations

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No.

FILED Feb 27, 2017

Secretary of State

CC8370818075

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES 9090 NW SOUTH RIVER DR STE # 2 MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

(b)

Name

(b) (6), (b) (7)(C)

Address

11830 SW 206TH STREET

City-State-Zip:

MIAMI FL 33177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE:

o) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

02/27/2017

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No

FILED Feb 02, 2016

Secretary of State

CC2080123932

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES 9090 NW SOUTH RIVER DR STE # 2 MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

b)

Name

(b) (b), (b) (7)

Address

11830 SW 206TH STREET

City-State-Zip: MIAMI FL 33177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE:

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

02/02/2016

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET OPA LOCKA, FL 33054 US

FEI Number: 27-2129362 Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES 9090 NW SOUTH RIVER DR STE#2 MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED

Feb 20, 2015 **Secretary of State**

CC9026183376

Certificate of Status Desired: No

Officer/Director Detail:

Title

Name

Address

11830 SW 206TH STREET

MIAMI FL 33177 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE

02/20/2015

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No.

FILED

Jan 24, 2014 **Secretary of State**

CC1248035805

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES 9090 NW SOUTH RIVER DR STE#2 MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

Name

Address

11830 SW 206TH STREET

City-State-Zip: MIAMI FL 33177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE

01/24/2014

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

Current Principal Place of Business:

4166 NW 132ND STREET OPA LOCKA, FL 33054

Current Mailing Address:

4166 NW 132ND STREET OPA LOCKA, FL 33054 US

FEI Number: 27-2129362

Certificate of Status Desired: No

FILED Jan 14, 2013

Secretary of State

CC8669543359

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES 9090 NW SOUTH RIVER DR STE # 2 MEDLEY, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

(b)

Name

(b) (6), (b) (7)(C)

Address 11830 SW 206TH STREET

City-State-Zip: MIAMI FL 33177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE:





01/14/2013

DOCUMENT# P10000023514

Entity Name: OLIVA DELIVERY CORP.

FILED Feb 14, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
4166 NW 132ND STREET OPA LOCKA, FL 33054 US	
Current Mailing Address:	New Mailing Address:
4166 NW 132ND STREET OPA LOCKA, FL 33054 US	
FEI Number: 27-2129362 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LAXMY'S CARRIER SERVICES 9090 NW SOUTH RIVER DR STE # 2 MEDLEY, FL 33166 US	
The above named entity submits this statement for the pur in the State of Florida.	rpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date

OFFICERS AND DIRECTORS:

Title: Name: Address: (b) (6), (b) (7)(C)

Address: 11830 SW 206TH STREET City-St-Zip: MIAMI, FL 33177 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE (b) (b), (b) (7)(c)

